

Adolescent Health: Adolescent Health and Well-being

Objective 4.2: Increase the proportion of adolescents and young adults that have knowledge of and access to quality health and positive lifestyle information, prevention resources, intervention services, and supports from peers and caring adults by 10% by 2025.

Activities During Federal Fiscal Year 2023

Youth Health Guide: The [Youth Health Guide](#) provides vetted information on a variety of adolescent health topics. This tool was primarily developed prior to the COVID-19 pandemic. MCH staff thought it was important to revisit resources and topics to ensure that the content, messaging and overall tone of the guide is still applicable and resonates with the youth audience. Staff began to review all resources and connect with stakeholders, including the Family Advisory Council (FAC), to solicit feedback regarding potential changes and updates. In addition to begin to revise the content, the Child/Adolescent Health Consultant has started to develop a marketing plan to ensure that materials for the Whole Healthy You (WHY) Campaign and Youth Health Guide are widely accessible to all previous partners as well as strengthening outreach to schools and youth-serving organization. Title V staff has also started to create and implement strategies to incorporate transition information to CSHCN educational tools using the Youth Health Guide and [WHY](#) campaign that were created and designed by Kansas youth.

Youth Transition Booklets: Several years ago, the Family Advisory Council (FAC) created a series of three [transition planning booklets](#) called “The Future is Now, THINK BIG!! Preparing for Transition Planning” that are available in both English and Spanish. The booklet designed for ages 14-19 years consists of an easy-to-use checklist on: Self-Advocacy; Health & Wellness; the Healthcare System; Social Relationships & Recreation, Independent Living Skills; and School & Work. The KS-SHCN program continued to promote these booklets with families on the SHCN program, share with partners, and promote the use at booths and during presentations. The SHCN program had planned to collaborate with the Child and Adolescent Consultant to redesign these booklets to make them more generic for all children and youth while still addressing the needs of those with special health care needs. Due to a vacancy in the Child and Adolescent Consultant position until May 2023 this project did not begin in FY 23 but will be taken back up in FY24.

System Navigation and Awareness of Resources: Kansas youth indicated during the Needs Assessment process that they are not always aware of all the community resources that are available. Title V has worked to learn the extent youth and young adults in the state are aware of resources that can link them to community service organizations such as 2-1-1 and 1-800-CHILDREN. The Adolescent Health Consultant had planned to convene youth from across the state with staff from Kansas Children’s Service League, the 1-800-CHILDREN helpline, and 2-1-1 representatives to begin brainstorming ideas on how to build awareness about the statewide resource directory for the adolescent population. Due to a prolonged vacancy in the Adolescent Health

Consultant role this work has not yet happened. With the upcoming needs assessment activities, there will be a purposeful effort to gain more understanding on youth knowledge of resources and how to improve our outreach to this population.

Life Skills Community-Based Education: Youth focus groups revealed a need for life skills education and a greater understanding about developmentally appropriate risk-taking vs. risky behaviors that could negatively impact youth lives. Initial planning was underway but had to be paused due to the Child/Adolescent Health Consultant position vacancy. Since this position has been filled, the incumbent has started to review progress, reassess needs, and determine opportunities to reengage system partners on this project.

Title V intended to partner with the foster care and juvenile justice agencies to discern what current educational offerings were available for adolescents at risk. With the Child/Adolescent position filled and the position expanding adolescent work, plans are underway to engage youth and young adults who are currently or have previously been served by these programs and document any gaps on topics that youth wish to learn about (e.g., budgeting, independent living skills, furthering education, gaining employment, stress management, healthy relationships). Subject matter experts across the state will be asked to work together to build a curriculum that will meet the needs of youth. Title V plans to work to identify a community in which to pilot these skills building sessions in the coming years.

In partnership with a graduate student from [Saint Louis University Center of Excellence in Maternal and Child Health Education, Science and Practice](#), a Systems Navigation Training for Adolescents (SNTA) was developed. Key expectations of the student were to:

- Review current transition tools, resources, and the existing family training.
- Development of a transition portfolio that could be used as part of the training and/or on its own;
- Outline and develop the new SNTA curriculum; and
- Develop a recruitment and training plan for trainers.

This is an adaptation of an existing curriculum (currently for families/parents) and focuses on the integration of other youth health and transition resources. The curriculum is currently being reviewed by the Child and Adolescent Consultant to ensure key health, transition, and self-determination topics are covered and can be delivered in a format that youth will find engaging and helpful. While much of the curriculum will be generic for all youth, there will be key components developed for those with special health care needs. This training will be open to all adolescents in Kansas, however those that are part of the KS Special Health Care Needs (SHCN) program will be allowed to count this training as part of their medical literacy education incentive package and receive a stipend for attending once they complete the post assessment survey.

Awareness of Community Services: As adolescents learn to be more independent, knowing what community services and resources are available to them can be a daunting and overwhelming task. Title V continued to be committed to making sure youth know where to go if they need assistance in navigating adulthood and the responsibilities that go along with transitioning into the adult stage of life. The following strategies were implemented to assist with this effort:

- Teen Pregnancy Targeted Case Management (TPTCM): In FY23, ten local agencies across the state provided over 1,600 visits to 399 KanCare-eligible pregnant and/or parenting adolescents through the TPTCM program. The TPTCM Program goals are to: reduce negative consequences of teen pregnancy for KanCare-enrolled teens and their children, increase levels of self-sufficiency; support youth-directed goal setting for their and their children's futures; expand education/training opportunities; and support youth-defined successes prior to subsequent pregnancies or until they reach 21 years of age. Nine of the TPTCM lead agencies also serve as the local MCH agency. The co-location of both MCH and TPTCM within a local agency increases opportunities to collaborate to ensure adolescents receive coordinated care and support across programs.
- The TPTCM care coordinators strive to help and support their teen moms. This is a story from Johnson County Health Department. A young mom enrolled in TCM/Empowering Futures program in her first trimester after receiving a positive pregnancy test. She was living with her mother at the time and was going to school at the Off-Campus Learning program (OCL) through Olathe school district, one of their alternative programs. She was also working a part-time job as a hostess/waitress. Her grandparents who have been very influential in her life were not pleased about her pregnancy, as she and the father of baby were not stable. The grandparent relationship was very important to this mom. During her time in our program, the grandparents came in with her for a meeting and both sides were able to talk about going forward in a positive and supportive manner. They continue to be an important part of the client's life and the baby's life. Prior to delivery and sadly, the father of the baby was killed in a violent manner and this young mom witnessed the murder. And while she has not agreed to go to therapy for this traumatic incident, she has managed as well as possible. Her baby was born full-term. She was able to graduate from high school and go on to start school at Johnson County Community College. She is working a full-time job at a daycare center now. She has her own apartment that she shares with another family member. Considering all that she has gone through, this young mom appears to have goals for herself, and for her baby that she plans to reach. She has shown a willingness to be a competent and caring parent and is really doing a great job juggling all the things involved in creating a positive path for herself and her baby.
- Youth with special health care needs were encouraged by the KS-SHCN Care Coordinators to participate in leadership programs such as the Kansas Youth Leadership Forum (YLF) and the Faces of Change program offered by the [Kansas Youth Empowerment Academy](#), and transition workshops conducted by [Families Together, Inc.](#)

Local MCH Agencies:

The following are examples of how some of the local MCH grantee agencies have made progress toward objective 4.2 during the reporting period.

- Finney County Health Department entered a partnership with Garden City Community College to provide a monthly clinic on site. They held three clinics during the year. They also held education events focused on mental health (80 participants), alcohol and sun exposure (8 participants), and general wellness (88 participants). The number of one-on-one direct services to adolescents held steady across 2022 and 2023 at 757 and 756 respectively.
- Nemaha County Community Health Services (NCCHS) provided adolescent vaccine clinics to local school districts which eliminated the need for parents to take time off work and reduced the time the student had to be out of school traveling for the appointment. They went to two school districts, Sabetha USD 113, Nemaha Central USD 115 and one parochial school, St. Peter and Paul, for a total of 6 school buildings.
- Ottawa County Health Department hosted the Stop Trafficking Project by Russ Tuttle. The event included an evening program for caregivers and a separate, age-appropriate program for the students. There were 38 parents/caregivers and 280 elementary students in attendance. There were 91 junior high and 143 high school students that completed pre and post surveys that indicated less risk after the Be Alert presentations. Four separate families made a point of letting the health department know how impactful the project was.
- Stafford County Health Department provided flu clinics at each school district in their county as well as school physicals for new students. They partnered with Farmer Clinic to provide free sports physicals in the spring that could be used towards the next school year. They estimated more than 100 adolescents received sports physicals.

Plans for Federal Fiscal Year 2025

Youth Advisory Council: The Adolescent Health Consultant and Family Systems Consultant (formerly Family and Consumer Partnership Coordinator) have partnered with the Kansas Department for Aging and Disability Services (KDADS) to bring a group of dynamic and diverse youth from across the state together to provide insight on MCH programs designed for youth. While Kansas Title V has a strong history of integrating family voice into its work, engagement with youth has been lacking. The development of this youth advisory council will allow for Title V to better invest funds into programs, education, and services youth feel are most needed and in ways that youth will find relatable.

Key considerations for engaging with youth have been considered and will continue to be addressed are:

- Identifying appropriate ages for participation.
- Exploring age related restrictions such as in-person meetings (i.e. travel, reimbursement, time constraints, etc.), requesting feedback, stipends.

- Identifying how often meetings would occur and the duration of the meetings. We plan for these to occur in shorter time periods but more frequently than the full FAC.
- Any issues if we bring the full FAC together with this youth group, and what those may look like.

The Adolescent Health Consultant and Family Systems Consultant will continue to meet with KDADS to determine an application process and do an open call for applications in FFY25. Once applications have closed and youth accepted as members, Title V and KDADS will work jointly with the youth to determine a name for the advisory board, meeting schedule, structure, goals, and other necessary guidelines to ensure engagement is successful for all involved.

Systems Navigation Training for Youth (SNTY): Life skills and community-based education will be a large focus of the System Navigator Training for Youth (SNTY). A trainer of trainer model will be established using college students as trainers. It is important to utilize trainers who are currently experiencing or have just completed the process of transitioning to independence, so that the participating youth will be able to better relate. Trainers will begin the training session sharing their own personally experience in their transition journey to help the youth feel comfortable in opening up and sharing their experiences and struggles. The SNTY is designed for all youth and young adults including those with special needs. For these individuals' special emphasis will be given to help address their unique needs as well.

During this reporting year the CYSHCN Director and Adolescent Health Consultant will finalize the training curriculum, tools, activities; develop trainer applications and interview questions; finalize a step-by-step trainer manual; develop a personal fidelity assessment for trainers; and develop a training process structure that includes items such as a trainer assessment, contracts, payment structure, data collection, pre and post assessments.

The goal is to offer these trainings twice per year for up to 50 youth. Initial trainings will be evaluated using a fidelity assessment, trainer observation, pre- and post-tests and other quality improvement tools. Based on the information gathered changes will be made until the training is refined. Based on requests from partners for the SNTY additional trainings could be added in subsequent years.

Youth Transition Booklet: The “Think Big” Youth Transition Booklets will continue to be used by the Title V team and shared widely with partners and schools. These were designed for youth with SHCN but can be used with any youth. The Adolescent Consultant and the CYSHCN Director will work to modify these booklets to be more inclusive for all adolescents and young adults. Partnerships will be built with the Kansas Family and Consumer Science department within Kansas Department of Education for further suggested modification and will be taken to the Family Advisory Council and Youth Advisory groups for input from them before a final version is approved and used.

Youth Health Guide: The [Youth Health Guide](#) provides vetted information on important health topics, as identified by youth through focus groups that were facilitated as part of the Kansas Title V 5-Year Needs Assessment. The Adolescent Health Consultant plans to review all resources and connect with stakeholders and the youth advisory council to solicit feedback regarding potential changes and updates. The Adolescent Health Consultant is also working with the Title V CYSHCN Director to incorporate transitions information into the Youth Health Guide. Additional topics might include insurance coverage, how to make doctor appointments, preparing for an appointment, medications/therapies prescribed, what to look for in a “good fit” patient-doctor relationship, and confidentiality/consent laws among other topics identified by youth as important. After the revisions have been completed, the Adolescent Health Consultant will develop a marketing plan for the year to ensure that materials for the WHY (Whole Healthy You) Campaign and Youth Health Guide are widely accessible to all previous partners as well as strengthening outreach to schools and youth-serving organization.

Awareness of 2-1-1 and 1-800-CHILDREN: It is important that youth are equipped with accurate information on where and how to locate resources and services in their areas. The Title V team will continue to promote the 1-800-CHILDREN phone line and mobile app so adolescents can easily access services and supports needed. Title V leadership will work with Kansas Childrens Service League over the next year to develop more promotional awareness campaigns targeted for all MCH populations including adolescents.

Additionally, resources, webinars, and trainings will continue to be shared with ATL grantees who serve adolescents and young adults for their awareness, partnership, and education. The Adolescent Health consultant will highlight successful adolescent and young adult driven programs around Kansas communities, as well as, surrounding states to provide ATL grantees with other potential ways adolescents could be served through innovative programs.

Awareness Action Alerts and Challenges: Awareness Action Alerts have been provided by Title V staff to raise awareness about emerging issues facing the MCH population and to resources and/or ways to address that issue. Traditionally, Title V has sent these out to the MCH ATL grantees and posted on the Kansas MCH website, but no direct communication has been provided to adolescents and young adults. The Adolescent Health Consultant intends to expand the action alert approach by creating action alerts geared specifically towards youth. Also, these action alerts will be paired with health-related challenges (e.g., getting 30 minutes of physical activity four days a week for a month) to encourage youth to actively participate in addressing the emerging issue related to the action alert.